FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

2...

OMB Number:

3235-0076 May 31, 2005

Expires: Estimated average burden

Prefix Serial

DATE RECEIVED

DATE RECEIVED

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Convertible Promissory Notes and the Common Units issuable upon conversion thereof

Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE

Type of Filing: [X] New Filing [] Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer ([]] check if this is an amendment and name has changed, and indicate change.)

Colorado Altitude Training LLC

Address of Executive Offices (Number and Street, City, State, Zip Code)

3125 Sterling Circle, Suite 105, Boulder, Colorado 80301-2394

Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from

Executive Offices)

Telephone Number (Including Area Code)

(303) 440-4102

Telephone Number (Including Area Code)

Brief Description of Business

Manufacture and sale of altitude training systems

Type of Business Organization

[] corporation [] limited partnership, already formed [] business trust [] limited partnership, to be formed

[X] other (please specify): limited liability company

THOMSOM

 $\begin{array}{cc} \underline{Month} & \underline{Year} \\ [0 | 7] & [9 | 7] \end{array}$

IVAIVOIAL

Actual or Estimated Date of Incorporation or Organization:

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

[C | O]

[X] Actual [] Estimated

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuer.

| Check Box(es) that Apply: | [] Promoter | [X] Beneficial Owner | [] Executive Officer | [] Director | [X] General and/or Managing Partner |
|--|-------------------|----------------------------|-----------------------|--------------|---|
| Full Name (Last name first, if Kutt, Larry | individual) | | | | |
| Business or Residence Addres 3125 Sterling Circle, Suite 10 | | | de) | | |
| Check Box(es) that Apply: | [] Promoter | [X] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if Singleton, Mark | findividual) | | • | | |
| Business or Residence Addres 2405 Commerce Avenue, Suit | | | de) | | |
| Check Box(es) that Apply: | [] Promoter | [] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | A PARAMETER ST. |
| Business or Residence Addres | s (Number and Str | reet, City, State, Zip Coo | de) | | |
| Check Box(es) that Apply: | [] Promoter | [] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if | findividual) | | | | |
| Business or Residence Address | s (Number and Str | reet, City, State, Zip Coo | de) | | |
| Check Box(es) that Apply: | [] Promoter | [] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if | findividual) | | | | |
| Business or Residence Addres | s (Number and Str | reet, City, State, Zip Coo | de) | | |
| Check Box(es) that Apply: | [] Promoter | [] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if | f individual) | | | | |
| Business or Residence Address | s (Number and St | reet, City, State, Zip Co | de) | | |
| Check Box(es) that Apply: | [] Promoter | [] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if | f individual) | | | | |
| Business or Residence Address | s (Number and Str | reet, City, State, Zip Coo | de) | | |
| Check Box(es) that Apply: | [] Promoter | [] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if | f individual) | | | | |
| Business or Residence Addres | s (Number and St | reet, City, State, Zip Coo | de) | | |
| | | | | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | | | | B. INF | ORMAT | ION ABO | UT OFFI | ERING | | | | | |
|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|---------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|--------------|
| 1. Has the issuer so | ld, or does th | ne issuer int | end to sell, | to non-acci | edited inve | stors in this | offering? | | | | | | Yes No |
| | | | A | nswer also | in Annendi | x Column | 2, if filing u | ınder ULO | E . | | | | |
| . What is the mini | mum invacto | ant that wil | | | • • | | - | | | | | | \$ 25,000 |
| What is the mini | mum mvesm | ieni mai wn | i de accepte | su monn amy | marviduai | | | | | ••••• | | ****** | |
| . Does the offering | g permit join | ownership | of a single | unit? | | | | | | | | | Yes No |
| Enter the inform for solicitation o or dealer register associated person | f purchasers red with the S | in connection SEC and/or | n with sale: with a state | of securiti or states, 1 | es in the of ist the name | fering. If a e of the bro | person to b ker or deale | e listed is a er. If more | in associate than five (5 | d person or | agent of a | broker | |
| Full Name (Last nar | ne first, if ind | dividual) | | | | | | | | | | | |
| Business or Residen | ce Address (1 | Number and | Street, Cit | y, State, Zi | p Code) | | | | | | | | |
| Name of Associated | Broker or D | ealer | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| States in Which Pers (Check "All Stat | son Listed Ha | s Solicited of individual S | or Intends to | o Solicit Pu | rchasers | | | | | | | [| All States |
| [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | |
| Full Name (Last nar | ne first, if in | dividual) | | | | | | | | | | | |
| Business or Residen | ce Address (1 | Number and | Street, Cit | y, State, Zi | p Code) | | | | | | | | |
| Name of Associated | Broker or D | ealer | | | | | | | | | | | |
| States in Which Pers (Check "All Stat | | | | | | | | | | | | [|] All States |
| [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | |
| Full Name (Last nar | ne first, if in | dividual) | | | | | | | | | , | | |
| Business or Residen | ce Address (1 | Number and | Street, Cit | y, State, Zi | p Code) | | | | | , | | | • |
| Name of Associated | Broker or D | ealer | | | | | | | | | | | |
| States in Which Pers (Check "All Stat | | | | | | | | | | | | [|] All States |
| [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Aggregate Offering Already Type of Security Price Sold Debt \$ Equity [] Common [] Preferred Convertible Securities (including warrants) 200,000 Partnership Interests Common Units 0 \$ Other (Specify 200,000 50,000 Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors 50,000 Non-accredited Investors \$ Total (for filings under Rule 504 only) \$ Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C--Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 \$ Regulation A **Rule 504** _____ \$ ____ \$ a.

| a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
|---|-----|---------|
| Transfer Agent's Fees | [] | \$ |
| Printing and Engraving Costs | [] | \$ |
| Legal Fees | [X] | \$2,000 |
| Accounting Fees | [] | \$ |
| Engineering Fees | [] | \$ |
| Sales Commissions (specify finders' fees separately) | [] | \$ |
| Other Expenses (identify) | [] | \$ |
| Total | [X] | \$2,000 |

| 5. | Indicate below the amount of the adjusted gross proceeds to the shown. If the amount for any purpose is not known, furnish an e of the payments listed must equal the adjusted gross proceeds to the | stimate and chec | k the box to the | e left of the e | stima | te. Th | e total | | | |
|----------|--|---------------------------|-------------------|-------------------------------|-----------------|--------------------|---|-------------|----------|------------------------|
| | | | | | | | Payments to Officers, Directors & Affiliates | | F | ayments to Others |
| | Salaries and fees | | ., | | [] | \$ _ | | . [] | \$ | |
| | Purchase of real estate | | | | [] | \$ _ | | [] | \$ | |
| | Purchase, rental or leasing and installation of machinery and e | equipment | | | [] | \$ _ | | [] | \$ | |
| | Construction or leasing of plant buildings and facilities | | | | [] | \$ | | [] | \$ | |
| | Acquisition of other businesses (including the value of secur used in exchange for the assets or securities of another issuer | | | | [] | \$_ | | [] | \$ | |
| | Repayment of indebtedness | | | | [] | \$ | | [] | \$ | |
| | Working capital | | | | [] | \$_ | · | [X] | \$_ | 198,000 |
| | Other (specify): | | | | | | | | | |
| | | | | | [] | \$_ | | [] | \$ | |
| | Column Totals | | | | [] | \$_ | | [X] | \$ | 198,000 |
| | Total Payments Listed (column totals added) | | | | | [X] | \$ 198,00 | 00 | | |
| | D. | FEDERAL SI | GNATURE | | | | | | | |
| an | e issuer has duly caused this notice to be signed by the undersigned dundertaking by the issuer to furnish to the U.S. Securities and Exchan-accredited investor pursuant to paragraph (b)(2) of Rule 502. | uly authorized p | erson. If this no | otice is filed request of its | under staff, | Rule 5 the infe | 05, the follow ormation furni | ing signal | ture con | nstitutes er to any |
| SSI C | uer (Print or Type) OLORADO ALTITUDE TRAINING LLC | Signature | 1100 | rel | | Date May | 12, 2004 | | | |
| Na | me of Signer (Print or Type) arry Kutt | Title of Signe Manager | r (Print or Type |) | | ,,,ay | 2004 | | | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

BLDR1:50211758.01